Insurance Europe response to Consultation on Fair Access to Financial Services for Cancer Survivors

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Introduction

Insurance Europe has submitted its response to the European Commission (EC) targeted consultation on fair access to financial services for cancer survivors. Insurance Europe's response to the consultation can be consulted below:

1. A Right to be Forgotten in National Frameworks of EU Member States

Q1. *Do you consider that all EU Member States should have at national level a framework for a right to be forgotten for cancer survivors covering areas beyond the Consumer Credit Directive?*

Other

- Insurance Europe supports the objective of ensuring that cancer survivors have fair access to appropriate financial protection and welcomes continued efforts to strengthen such access across the EU. Many applicants with a history of cancer can already obtain insurance at standard rates under existing risk-based underwriting, and national frameworks have developed different approaches reflecting their respective markets' needs and circumstances. Building on this diversity of national markets, Insurance Europe believes that Member States should retain sufficient flexibility to develop or maintain RTBF frameworks or other mechanisms that best reflect their national circumstances, whether through legislation, self-regulatory arrangements or other approaches. This flexibility can help ensure that frameworks are effective and proportionate, while considering differences in insurance products, market structures and existing national measures. Any RTBF framework should be underpinned by robust and sufficiently granular medical, scientific and actuarial evidence, enabling it to evolve alongside improvements in cancer treatment and prognosis while preserving, as far as possible, proportionate risk-based underwriting. Where legally permitted, relevant information should still be disclosed but would not be used to determine individual eligibility, pricing and contractual terms once the RTBF

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conditions are met. This could help the framework function effectively. Such an approach could facilitate appropriate reserving, capital assessment and portfolio monitoring, and help ensure applicants are not required to make complex assessments of their eligibility, potentially resulting in denied claims.

Q2. *Do you agree that the priority areas in which a right to be forgotten for cancer survivors should be implemented are in relation to access to life insurance policies that guarantee the repayment of mortgage and professional loans?*

Yes

- Insurance Europe supports prioritising the application of the RTBF to credit-linked life insurance, particularly cover linked to mortgage concerning the applicant's primary residence and professional loans. This is an area where RTBF frameworks can make a tangible contribution to facilitating access to credit, in particular for purchasing a house, and where experience has already been gained at national level. Their implementation should balance the interests of cancer survivors and those of all other insured persons within the insurance pool, taking account of potential impacts on the affordability and availability of cover for all. Focusing on this clearly defined scope would allow the effectiveness and impact of RTBF frameworks to be properly assessed, while recognising that other insurance products may have different risk characteristics and benefit structures requiring separate and careful consideration.

Q3. *Do you believe there are any other areas where the right to be forgotten for cancer survivors should be implemented?*

No

- Insurance Europe supports prioritising the application of the RTBF to credit-linked life insurance, particularly cover linked to mortgage concerning the applicant's primary residence and professional loans. This is an area where RTBF frameworks can make a tangible contribution to facilitating access to credit, in particular for purchasing a house, and where experience has already been gained at national level. Focusing on this clearly defined scope would allow the effectiveness and impact of RTBF frameworks to be properly assessed, while recognising that other insurance products may have different risk characteristics and benefit structures requiring separate and careful consideration.

Q4. *When considering a right to be forgotten for life insurance policies that guarantee the repayment of mortgage and professional loans, do you think that certain aspects may be specific for individual Member States, for instance insured amount limitations, age limitations or other aspects?*

Yes

Q4.1. *If yes, please indicate the national specificities you believe should be taken into account.*

- National specificities must be fully taken into account when designing an RTBF framework. Relevant factors include the structure of mortgage and professional lending markets; differences in house prices and typical sums insured; policy durations; age at policy entry; product design and distribution channels; and the characteristics of the insured population. The nature of mortgage-related insurance, including whether it is mandatory or voluntary, age and insured-amount limits, waiting periods, the scope of non-disclosure may also vary considerably between Member States. These factors are all closely interconnected and should therefore not be considered in isolation or attempted to be harmonized at EU level through a uniform approach. Member States should retain sufficient flexibility to reflect their national market circumstances and existing legislative or self-regulatory arrangements, as also illustrated by the national implementation of the Consumer Credit Directive.

2. Evidence-based Approach

Q5. *Do you consider that a right to be forgotten framework should follow an evidence-based approach whereby medical advancements in oncology, as proven by medical, scientific, and actuarial evidence, are taken into account as they emerge?*

Yes

- Insurance Europe supports an evidence-based approach in which medical, scientific and actuarial evidence are considered together, and RTBF frameworks are reviewed as sufficiently robust evidence becomes available. Their design and adaptation should remain at national level, reflecting national evidence and circumstances. While cancer survival rates have improved significantly, risk trajectories vary considerably by cancer type, stage and time since treatment. Complete remission does not necessarily mean the absence of elevated insurance risk, which may persist beyond existing RTBF waiting periods. A fixed waiting period should therefore not, in itself, be understood as evidence that the underlying risk has returned to that of the general population. Insurers and reinsurers have strong incentives to reflect demonstrated improvements promptly in their underwriting manuals, so that cancer survivors can benefit without waiting for regulatory changes. National frameworks should retain flexibility to reflect these developments while avoiding simplified assumptions about risk. Their design and review should also assess potential unintended consequences, particularly for the affordability and availability of cover for the wider insurance pool.

3. Waiting Periods and Reference Grids

Q6. *Do you consider that waiting periods set at national level are a useful tool to achieve fair access for cancer survivors?*

Yes

- Waiting periods set at national level can be a useful tool where they reflect the national context and are supported by robust medical, scientific and actuarial evidence. They are a key component of the RTBF framework and one of the main determinants of its impact. However, an arbitrary uniform waiting period does not adequately reflect the material differences in outcomes arising from factors such as cancer type, subtype, stage, treatment, time since treatment and other prognostic factors. Differences in survival outcomes between Member States may also justify different evidence-based waiting periods or reference grids. Waiting periods should therefore be determined at national level and reviewed as the evidence develops.

Q7. *Do you consider that reference grids established at national level are a useful tool to achieve fair access for cancer survivors, where such grids reflect appropriate evidence-based waiting periods according to specific conditions, such as cancer type, stage, age or therapeutic treatment?*

No opinion

- Reference grids established at national level can be useful because they allow waiting periods and eligibility conditions to reflect clinically and actuarially relevant differences between cancer types, subtypes, stages, treatments, ages and prognoses. They can therefore support a more proportionate and granular approach than a single across-the-board waiting period. Reference grids should be based on robust and up-to-date medical, scientific and actuarial evidence, recognising that cancers have materially different risk trajectories and that complete remission does not necessarily mean that the risk level has returned to that of the general population. They should be developed and reviewed through a transparent, objective and multidisciplinary process involving the relevant medical, actuarial

and insurance expertise, so that established improvements in treatment and prognosis are reflected. However, reference grids should remain a national decision rather than an obligation imposed on Member States. Their design, governance and review should reflect the available national evidence, expertise and resources, as well as existing underwriting practices, and the wider national framework. It is important to highlight that there is significant complexity involved in developing, applying and maintaining a reference grid. In addition, the applicable criteria of the reference grids should be clear, transparent and workable. Where legally permitted, a disclosure obligation for relevant medical information would enable insurers to establish whether the applicable waiting period and other reference grid conditions are met, without requiring applicants to make complex medical or legal assessments. Once the RTBF conditions are met, the disclosed medical information will not be used to determine individual eligibility for cover, pricing or contractual terms.

Q8. *Do you consider that national right to be forgotten frameworks should include a combination of waiting periods and reference grids?*

No

- A mandatory combination should not be required. Member States should retain flexibility to choose the approach best suited to their national circumstances and the available evidence. A reference grid may provide the necessary granularity without an additional general waiting period, while other national systems may operate effectively through other mechanisms. Requiring both tools in every case could create unnecessary complexity and disproportionate resource allocation, especially for smaller Member States.

Q9. *Do you agree that for paediatric cancers diagnosed before age 21, a maximum 5-year waiting period post-treatment would be beneficial across all Member States?*

No opinion

- Insurance Europe supports efforts to improve access to insurance for survivors of paediatric cancers. While improvements in paediatric cancer survival are encouraging, the available medical, scientific and actuarial evidence does not currently support a single maximum five-year waiting period for all paediatric cancers across all Member States. This should nevertheless not prevent Member States from adopting more favourable conditions for paediatric cancer survivors where they consider this appropriate in light of their national circumstances. Such approaches may reflect broader public-policy and socio-economic considerations, including supporting young cancer survivors in accessing housing and financial protection, rather than an assessment that the underlying insurance risk has necessarily returned to that of the general population. Member States should therefore retain flexibility to determine whether and how such preferential treatment is provided, while ensuring a clear distinction between measures grounded in risk and medical evidence and those pursued for wider societal objectives.

Q10. *For the purpose of designing or updating the waiting periods and/or national reference grids, do you consider that establishing national governance structures is relevant?*

Yes

Q10.1. *If you replied yes to the question above, what features would you consider necessary for a governance structure (including composition) to ensure appropriate review and updates of waiting periods and/or reference grids in line with developments?*

- National governance structures can be a useful tool to support the review of waiting periods and reference grids, where applicable. Their design should remain a matter for Member States, taking account of national frameworks, market circumstances and available expertise. Their composition

should be balanced and ensure appropriate representation of the key stakeholders and expertise, including cancer organisations, the insurance sector, and relevant medical and actuarial experts.

4. Application and Adaptation

Q11. *What potential consequences of the application of a right to be forgotten (access by cancer survivors to life insurance policies that guarantee the repayment of mortgage and professional loans, impact on prices of the relevant insurance products or overall access to insurance) would you consider necessary to monitor?*

- Monitoring should assess both whether the RTBF improves cancer survivors' access to relevant life insurance and whether it gives rise to unintended consequences. In particular, it should consider consumer outcomes, such as affordability; market impacts, such as changes in product availability; insurance and risk implications, such as developments in claims experience; and wider effects on the pool of policyholders, including potential impacts on premiums. Monitoring should be proportionate and conducted over a sufficiently long period to provide a meaningful assessment, recognising the long-term nature of life insurance. It should also take account of differences between national markets and products. It should make the fullest possible use of existing (national) monitoring mechanisms and reporting arrangements. Any additional RTBF-specific monitoring should be considered carefully and introduced only where necessary and proportionate. Effective monitoring is only possible insofar insurers are able to collect relevant information on previous cancer diagnoses, subject to appropriate safeguards and without using that information to determine an individual's eligibility, pricing or contractual conditions once the RTBF applies.

Q12. *Do you consider that a right to be forgotten monitoring mechanism should be in place?*

Yes

Q12.1. I*f yes, which aspects should be monitored and at what frequency?*

- A proportionate monitoring mechanism should be established to evaluate whether the framework achieves its intended policy objectives and to identify unintended consequences, especially impacts on the wider pool of policyholders, as well as potential consumer misunderstanding of eligibility. Meaningful monitoring requires insurers to have access to relevant information; accordingly, a disclosure obligation is necessary, even where that information must be disregarded for individual eligibility, pricing and contractual terms once the RTBF applies. Without such data, the effects of the framework cannot be assessed reliably. Reviews should reflect the long-term nature of the products, the availability of credible data and the time needed for claims and portfolio effects to mature. The appropriate review frequency should be determined at national level. The mechanism should use clearly defined indicators and, as far as possible, avoid additional reporting obligations. Any monitoring mechanisms should comply with antitrust obligations.

Q13. *Should monitoring mechanisms involve participation of:*

All: national competent authorities for insurance, relevant medical organisations, cancer patients' organisations, insurance companies, other stakeholders

Q13.1. *If you replied 'other stakeholders', please elaborate on your answers.*

- In addition to the stakeholders listed, participation should include national insurance associations, actuarial experts and reinsurers. Monitoring should bring together the national authorities and expertise

needed to assess consumer outcomes, medical developments and insurance-market effects. Monitoring medical developments and reviewing national reference grids, where applicable, should draw on relevant medical, scientific and actuarial expertise, together with input from the insurance sector and cancer patients' organisations, in line with existing national governance arrangements. In addition to the stakeholders listed, this work should include national insurance associations, actuarial experts and reinsurers. Monitoring insurance portfolios, portfolio-level effects and long-term claims experience should remain the responsibility of insurance companies and the national competent authorities for insurance, given the sensitive nature of firms-specific business data from a commercial and competition perspective. Effective monitoring requires a proportionate approach to data collection and analysis; the use of existing reporting arrangements whenever possible; and clear definitions and appropriate safeguards, with transparent recognition of feasibility, data-quality and methodological limitations.

Insurance Europe is the European insurance and reinsurance federation. Through its 39 member bodies — the national insurance associations — it represents insurance and reinsurance undertakings active in Europe and advocates for policies and conditions that support the sector in delivering value to individuals, businesses, and the broader economy.